

**NOTICE OF INTENT
TO APPLY FOR
INFORMATION AND EDUCATION PROGRAM FUNDS**

To: Anna Ramírez, M.P.H., Chief Office of Family Planning 1615 Capitol Ave., 4 th Floor, Room 435 Sacramento, CA 95814	Due Date: 2003 Department of Health Services Hand Delivery: By 5:00 P.M. Mail Delivery:
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If transmitting by FAX, send to the Office of Family Planning at (916) 657-1608.

1. Name of Agency: _____

Name of Contact Person: _____

Address: _____

County: _____

Telephone: _____ FAX: _____

E-mail address: _____

2. Type of Agency:

- | | |
|---|---|
| <input type="checkbox"/> City Government | <input type="checkbox"/> Faith Based Organization |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Local District/Office of Education/High School |
| <input type="checkbox"/> Health Clinic | <input type="checkbox"/> Local Health Jurisdiction |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Other _____ |

3. Target Population(s) to be addressed (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Pre-sexually Active Adolescents | <input type="checkbox"/> Parents, Families and Adult Caregivers |
| <input type="checkbox"/> Sexually Active Adolescents | <input type="checkbox"/> Pregnant and Parenting Adolescents |
| <input type="checkbox"/> Young Adults (at risk of unintended pregnancy) | |
| <input type="checkbox"/> Youth Serving Personnel (e.g. teachers, faith leaders, counselors, group leaders, coaches) | |

4. The geographic service area of the proposed project:

County(s): _____

Regional (multi-county area) _____

Our Agency intends to respond to the Information and Education Program RFA. We understand that the information provided in the Notice of Intent to Apply is non-binding and is tentative and may change in the final application. The primary purpose of the Notice of Intent to Apply is to assist the Department in estimating the likely number of applicants.

Signature of Authorizing Agency Official

Date